



Auburn Police Department

RYAN L. KINNAN, CHIEF OF POLICE
1215 LINCOLN WAY, AUBURN, CA 95603 (530)823-4237



Volunteer Application

Name _____ Social Security # _____
Last First Middle

Address _____
Street City/Zip Telephone

Cell Phone _____ email _____

California Driver's License No: _____ Exp. Date _____

Have you ever been convicted of a felony? NO ____ YES ____
If YES, please describe:

In case of emergency, notify:

Name _____ Relationship _____

Address _____ Telephone _____

Please list any special skills you possess as well as your areas of interest in serving as a volunteer:

References:

_____	_____	_____
Name	Telephone	Relation
_____	_____	_____
Name	Telephone	Relation
_____	_____	_____
Name	Telephone	Relation

How did you hear of the Volunteer Program?

PROTECTION — SERVICE — CONCERN — TRANSPARENCY

The Auburn Police Department is committed to serving and supporting our community through education, crime, transparency, and mentoring. We realize that our success is directly related to a collaborated effort with our entire community.

Why are you interested in becoming part of the Volunteer Program?

Other Information

CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true and complete to the best of my knowledge.

I authorize the City of Auburn to make investigations and inquiries that are limited to the requirements for this position of my employment, financial or medical history and other related matters, as they relate to the requirements of the position for which I am applying, in arriving at an employment decision. I hereby release employers, schools, or persons from any liability in responding to inquiries in connection with my application. I understand that any false or misleading information given in my application will subject me to disqualification or dismissal. I understand also that I am required to abide by all rules and regulations of the City of Auburn.

Signature _____ Date _____